1	IN THE UNITED STATES DISTRICT COURT
2	FOR THE DISTRICT OF MASSACHUSETTS
3	IN RE:
4) MDL No. 13-02419-RWZ NEW ENGLAND COMPOUNDING PHARMACY)
5	CASES LITIGATION) Pages 1 - 34)
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9	MOTION HEARING
10	BEFORE THE HONORABLE RYA W. ZOBEL UNITED STATES SENIOR DISTRICT JUDGE
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15	United States District Court 1 Courthouse Way, Courtroom 12
16	Boston, Massachusetts 02210 August 16, 2016, 2:06 p.m.
17	Magase 10, 2010, 2.00 p.m.
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22	LEE A. MARZILLI OFFICIAL COURT REPORTER
23	United States District Court 1 Courthouse Way, Room 3205
24	Boston, MA 02210
25	(617)345-6787

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PROCEEDINGS

THE COURT: Good afternoon. Please be seated.

THE CLERK: This is 13-MD-02419, In Re: New England

Compounding.

THE COURT: Good afternoon. As I understand it, we are here to talk about the status of the negotiations with the government about Medicare, in essence, and therefore projecting when distributions can be made from the trust. So I've looked at the papers that have been filed. I think we should start with lead counsel's motion for approval of the agreement, and I have some questions about that; primarily, can the Court -- I guess the Court can provisionally approve even though Justice hasn't said anything yet, but until everybody signed off, I assume the trustee can't carry out her duties.

MR. SOBOL: Okay, both of those things are correct, your Honor. Good afternoon. Tom Sobol for the Plaintiffs' Steering Committee.

THE COURT: So what would be helpful, Mr. Sobol, is if you were to explain the agreement briefly, the status of the several approval requirements, and I guess the effect of Court approval which you just talked about I think are very independent, the conditional approval that will have to be made final when DOJ signs off. Then I would like to hear very briefly from the various plaintiffs' counsel on their motion to compel distribution, and I think those should address those

parts of the agreement in particular that deal with opting out and doing their own thing. And if the trustee and the PSC want to respond, I will hear them at that point. That I think takes care of all of the matters. And if somebody who is on phone needs to talk, you'll just have to pipe up, not down.

MR. SOBOL: I think also, your Honor, you may also have on the phone a representative from CMS, a Ms. Cathy Burdette.

THE COURT: Now, as I understand it, CMS has signed off.

MR. SOBOL: They have not yet. All of those people, from CMS to the DOJ, that need to sign off have not yet signed off. That is part of the issue that the parties have.

MS. BURDETTE: Your Honor, this is Cathy Burdette for the Department of Justice. That is correct, we do not have final approval, and I would like to make a statement at whatever time is appropriate about that.

THE COURT: Before you make your statement, when do you anticipate signing off?

MS. BURDETTE: Well, that's the difficult part because we were ready to recommend this memorandum up the chain on Friday to the highest levels of the Department of Justice for approval. However, we have been notified that there's another settlement agreement out there among the private lienholders, and that settlement agreement contradicts our settlement

agreement in various material ways that we feel have to be reconciled before we can move this up the chain that changes our agreement significantly.

THE COURT: Excuse me. This is an agreement between who and whom?

MS. BURDETTE: Between the plaintiffs' counsel and private lienholders, private medical lienholders.

MR. SOBOL: If I may, your Honor?

THE COURT: Okay. So, Ms. Burdette, we'll hear

Mr. Sobol now, in accordance with the agenda that I suggested,
and perhaps before we go on to the motion to compel by the

Virginia, Tennessee, Michigan, and I've forgotten what else,
plaintiffs, maybe you can then respond to Mr. Sobol.

MS. BURDETTE: Very well.

MR. SOBOL: So, your Honor, I'd like to make a couple of comments regarding the agreement and then hand it over to my colleague, Mr. Notargiacomo, who will go through very briefly just a description to you about how it operates if it goes into effect.

First, your Honor, the background of the agreement is that we've been struggling and trying to get an agreement in place so that the tort trustee, Ms. Riley, is in a position to be able to fund the requests and the claims without running the risk of having any exposure to CMS by having improvidently paid off to some of them their payments.

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mechanism wasn't clear to me.

THE COURT: You can assume that I've read all this. MR. SOBOL: Okay. And then the other thing I should just say, your Honor, is that there is no provision of the agreement that, as we contemplate it, at least, the plaintiffs contemplate it, in which CMS would not in the meantime process an individual's claim if the individual said, "I don't want anything to do with that agreement. I want to go it on my own." And so from our perspective and the Plaintiffs' Steering Committee's perspective, there hasn't been any reason for CMS not to process those individual liens. In any event, let me hand it over to Mr. Notargiacomo to give an overview of the agreement. THE COURT: Excuse me. If there were an individual processing and that process came to a conclusion, and assuming then the trust could distribute, would it distribute whatever the amount is attributable to that plaintiff, who would then out of that fund pay CMS? Is that how it would work, or would it be withheld? MR. SOBOL: That's probably the way it would happen unless the trustee were directed to pay directly to CMS the funds. THE COURT: This is not part of the agreement, I know that the agreement allows opt-outs, but the

MR. SOBOL: It does allow opt-outs. So just so that

it's clear, there is an agreement that's in the process of approval for the federal government. That agreement, if it goes into place, still permits people to opt out of that agreement. In the meantime, there are claimants who, even before the agreement reaches finalization, have already made the decision that they want to opt out regardless and do their own individual negotiation even beforehand.

Our position, the Plaintiffs' Steering Committee's position is, we have never thought that there would be any need to hold that process up if there was somebody who wanted to be able to do that. And hypothetically, just to answer your question, if a person went through that process with CMS and got a resolution, then their claim would be ready to be paid, and either the tort trustee would either pay Medicare directly or whatever other instructions, you know, were appropriately pending. That's all. But it's my understanding that CMS is not processing those individual claims; instead is waiting for resolution of this agreement.

Let me hand it over to Mr. Notargiacomo. And I'd also ask Mr. Notargiacomo to address the issue about a couple of other private health plans who we are reaching an agreement with which Ms. Burdette has raised an issue about.

THE COURT: Mr. Notargiacomo?

MR. NOTARGIACOMO: Good afternoon, your Honor. Thank you, and I will be brief because you said you've read the

papers, and most of what I have to say is summarized briefly in those papers.

With respect to the agreement that's been reached in principle with CMS, your Honor, I just want to go through some of the salient points, the first being that a claimant who decided to participate in the resolution that's been worked out between us and CMS would have CMS's claim satisfied by reference to the resolution matrix, which is Exhibit C to our motion for approval. And that is a grid that allows the plaintiff to figure out what percentage of their total payment from the settlement they would pay to CMS to resolve CMS's claim, and that ranges anywhere from 10 percent on the low end to 21.5 percent on the highest end.

Now, how do we derive the matrix? The matrix is based on the points that are being awarded to each claimant by the claims administrator under the settlement. You may recall that the plan calls for each claimant to submit something to the claims administrator with documentation based on their level of injury, and whether or not they're in Claims 1 through 7, they are assigned a certain number of points, ranging from a high of I think 60 up to a half point on the low end.

In addition to those points, those base points, claimants can apply for upwards adjustments based on their own individual circumstances. The main resolution matrix takes into account two of those upward adjustments: the long-term

hospitalization adjustment and the long-term antifungal treatment adjustment. Those are the two adjustments that most closely correlate to increased expenditures by CMS for treating particular claimants.

The more LAFT, long-term hospitalization and long-term antifungal treatment the person has, the more likely they are to have higher expenditures and the higher the CMS expenditures would have been for that individual. Therefore, on the matrix, they're assigned a higher percentage of their recovery to pay CMS to resolve the lien, your Honor.

A few more salient points. The time period under which a claimant is eligible for Medicare, participates or at least Medicare will — let me back up. There's a time period in the agreement in which if a person, a claimant is eligible for Medicare, this agreement will apply, and that is September 1, 2012, to May 31, 2013. Anyone who became Medicare—eligible after May 31, 2013, even though Medicare may have had some expenditures on their behalf, will receive the release under this agreement and will not have to pay Medicare to get the release of Medicare.

Medicare has also agreed to waive recovery for anyone in Injury Category 7. People in Injury Category 7 are the least injured individuals.

THE COURT: The people with the headache.

MR. NOTARGIACOMO: Exactly, your Honor. There is

also, and I'll talk a little bit more about this in a second, there is also a provision whereby if an individual has a lien both with Medicare and a private insurer, and the lead counsel and the tort trustee has worked out a similar agreement with that private insurer, Medicare has agreed to split the amount that is derived from the matrix with that private insurer to resolve both the private and the public lien for that claimant, so claimants have an opportunity for one single percentage to resolve both Medicare and the private lien.

Finally, your Honor, for almost everyone, not everyone but almost everyone, the agreement is optional. They have the opportunity to opt out, and, as Mr. Sobol said, can negotiate their liens on an individual basis, both with CMS or/and with other private insurers if they so desire.

THE COURT: And under the agreement, if somebody wants to opt out, can the claimant be paid in the meantime, or does the claimant have to work out some resolution with CMS before they can get paid?

MR. NOTARGIACOMO: If the lien is from CMS, your Honor, and the claimant decides to opt out, they would need to show the tort trustee that they have an agreement with CMS, and the tort trustee would then pay CMS those portions under that agreement, and then the rest would go to the claimant.

THE COURT: Thank you.

MR. NOTARGIACOMO: Finally, let me just address the

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one point that I think Ms. Burdette made concerning agreements with other private insurers. I had a conversation with Ms. Burdette on Friday about the CMS agreement. We provided her all the exhibits, and that agreement also makes reference to participating lienholders. And we do have a tentative agreement -- it's not a tentative agreement. We have an agreement -- it has not yet been signed but it will be signed shortly -- with Blue Cross-Blue Shield of Tennessee and Blue Cross-Blue Shield of Michigan to resolve liens from those entities on the same basis as with CMS, and provided, I think on Monday, a copy of that agreement to Ms. Burdette. This is the first time I'm hearing that there's some conflict, so we have not worked out those issues, whatever Ms. Burdette or the DOJ sees as a conflict. We don't think there's a conflict, your Honor, but we obviously want to talk to them about that. THE COURT: Is Blue Cross the only private insurer implicated in this? MR. NOTARGIACOMO: There's Blue Cross-Blue Shield of Tennessee and Michigan, and there's one other small claim in Michigan. THE COURT: I mean, is the issues that Ms. Burdette raises with respect to Blue Cross-Blue Shield the same issues that are likely to be raised with respect to other private insurers, or is Blue Cross-Blue Shield in a place of its own?

MR. NOTARGIACOMO: Well, they're in a place of their

own, in that they have agreed to sign an agreement, your Honor, a written agreement, which is I think what Ms. Burdette is referring to.

THE COURT: Okay. Is that it?

MR. NOTARGIACOMO: For now, your Honor, unless you have questions.

THE COURT: Ms. Burdette, what is the problem?

MS. BURDETTE: Well, your Honor, we have been negotiating this agreement for a long time, as I'm sure the plaintiffs have told you that.

THE COURT: Yes, too long.

MS. BURDETTE: And, you know, when we started negotiating this, we were negotiating on behalf of CMS, and we were pushed and pushed and pushed to be able to include the group health plans or the other private lienholders in our agreement and to then share our percentage with those other lienholders, so we agreed to that. And our agreement provides very specifically the percentage that the person will get out if they're a Medicare-entitled claimant, if they're a GHC, which is an abbreviation for a primary lienholder, and what they would get if they were both Medicare-entitled and GHC-entitled during the period that we're talking about, and we have agreed to those terms.

The separate agreement that we only became aware of yesterday does not reflect agreement on certain provisions that

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we consider material. For instance, in our agreement in Paragraph 2-C, it states the procedure for people who are Medicare-entitled claimants who are also GHC-entitled claimants and how that would work. The draft agreement that is being considered or that is being considered for private lienholders states that in no way does this agreement imply or indicate agreement to provide any money for CMS, or provide any information to any person or entity on which CMS may rely. Well, it's a material part of our contract that we get that information, that the tort trustee provide us with proof that there was another insurer and how much the payment was. And it's also a material part of our agreement that we are paid and get that notice at the same time, and the terms of this other agreement seems to suggest that we will not get proof of the GHC payment at the time that we receive payment but it will be at some other time, which I can't exactly determine from the agreement. And so, you know, what we have here is that the private lienholders are obligated pursuant to the agreement, the tentative settlement agreement that the Court is considering today, which is completely miss-named the CMS agreement because it does include other lienholders, and that's a very material part of it, and we're being asked to agree, you know, without even knowing the terms of this other settlement agreement and how that's going to affect the terms of our agreement, and, quite frankly, we can't do that.

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              THE COURT: What is your position in this? You are at
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     DOJ?
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              MS. BURDETTE: Yes, I'm with the Department of
     Justice.
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              THE COURT: So you are effectively counsel to --
              MS. BURDETTE: Yes, we are counsel to CMS, and it's
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     required by statute and regulation that we approve settlements
     of this magnitude.
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              THE COURT: So is CMS objecting to this language, or
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     are you as counsel objecting?
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              MS. BURDETTE: I'm objecting on behalf of CMS.
              THE COURT: But is CMS also objecting?
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              MS. BURDETTE: Well, we are their counsel, so, yes,
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     CMS is objecting.
              MR. NOTARGIACOMO: If I could just address that, your
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     Honor. I think there's a misunderstanding, and I think it may
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    be --
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              THE COURT: Can you hear him? Why don't you sit down.
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    Ms. Burdette, can you hear Mr. Notargiacomo?
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              MS. BURDETTE: Yes. Yes, I can hear him.
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              THE COURT: Okay.
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              MR. NOTARGIACOMO: So with respect to that particular
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    provision, your Honor, I think that's just a miscommunication
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     or an inability of having the time to communicate with
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     Ms. Burdette. The substance of that, I think she's
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misconstrued that. That portion of the private agreement just says that they're not signing, physically signing onto the CMS agreement, but all the substantive provisions in that private agreement dovetail and are identical to the ones that are agreed to in the CMS agreement. So they are in fact going to provide the information that CMS requires under the CMS agreement to the tort trustee, and the tort trustee in turn will provide CMS all the information that is required of CMS under the CMS agreement.

THE COURT: Can plaintiffs make available to Justice the copies of these agreements?

MR. NOTARGIACOMO: Yes, your Honor.

MS. BURDETTE: I have the agreement. I actually have the agreement. I got it yesterday, and that's what's causing our concern. I mean, for instance, there's also a provision in this other agreement that if GHC, or frankly anyone, decided to opt out of the entire arrangement for a certain batch of claimants if a certain number of those claimants decided to opt out of the agreement, and that's not in our agreement either. I mean, there are material terms here, and all I'm saying is, while we were prepared to send this up the chain to the Justice Department, it's not moving anywhere until we can figure out what the agreement here is, and, you know, how this is going to work out because this is a material problem.

MR. NOTARGIACOMO: Your Honor, it's just a matter of

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     us speaking with CMS and working through these issues, and I
     think that can be done relatively quickly, and we'll do so this
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     afternoon.
              MS. BURDETTE: Okay, and let me just respond. This is
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     not just a procedural issue as you stated, and this is not an
     easy issue, and this will not be resolved this afternoon
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     because I'm on vacation currently, calling in from vacation.
     So this is going to have to be resolved. We're going to have
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     to figure out how it's going to work, okay?
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              THE COURT: When does your vacation end?
              MS. BURDETTE:
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                             Friday.
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              THE COURT: So you can give me a report by next Monday
     afternoon?
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              MS. BURDETTE: By when?
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              THE COURT: Monday?
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              MS. BURDETTE: Uhm, I suppose we could. I'm not
     trying to be disagreeable here, but I totally am in doubt about
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     the fact that these disagreements or these contradictions
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     between the two agreements are going to be able to be nailed
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     out in an hour conversation.
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              THE COURT: Mr. Sobol, do you need to say anything?
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              MR. SOBOL: I do, your Honor, because I just want to
     share with you what I think you've already picked up on, which
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     is that winners are sometimes our own worst enemies, because
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     you can see that the private insurers wanted to be able to do a
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similar deal with CMS but just couldn't physically get their clients to agree to the same physical document, so we created a mirror version of that agreement and made it applicable to the private parties.

THE COURT: Does it include full disclosure to the government of all terms and definitions and all that?

MR. SOBOL: I was under the clear impression that it was, and apparently now there are some issues that have arisen with Ms. Burdette, which upon her return from her vacation we will deal with immediately. I will say this, your Honor, that having spoken with other people who have yet to chime in, and I also hear their concerns, if this is not done by September 6, as lead counsel, I'm going to recommend to the PSC to pull the deal because my understanding also is that CMS is not processing individual claims, and at some point we have to say "enough is enough." The lawyers have to be able to work on an agreement and get it done. Otherwise we --

THE COURT: Now, do any of plaintiffs' counsel from Tennessee, Virginia, or Michigan -- what's the other one?

MR. SEXTON: Indiana.

THE COURT: Indiana.

MR. SEXTON: Yes, your Honor. Scott Sexton from Virginia. It's a pleasure to be back in the courtroom. I'm speaking here today on behalf of 154 represented Virginia plaintiffs and also delegates of the Indiana, Michigan, and

Tennessee plaintiffs who filed similar motions that bring us here today.

THE COURT: Now, I very much understand the need for expedition here. Maybe you could address the -- first of all, do you have a problem with the agreement as it was presented to me through the lead counsel?

MR. SEXTON: Well, I think we've touched upon the biggest problem with the agreement and one that I don't believe the trustee would ever want to sign at this point, as it is an agreement that you would approve with no limit as to when the government must act. For example, if you approve it today --

THE COURT: That's what they're working on.

MR. SEXTON: Right -- it could be two years before this thing gets approved.

THE COURT: No, no.

MR. SEXTON: And Mr. Sobol's comment is one directly to our concern, which is, in sitting back, the Virginia plaintiffs, we have done the math, at least I have in my firm with all of our clients, and to a client, they're each better off to opt out of the deal and just take the traditional Medicare lien reduced for procurement costs. So the standard Medicare process, they would fare much better than they would under this deal. Now, that is probably not true for a great many plaintiffs, and the Plaintiffs' Steering Committee has done a yeoman's job of trying to get the best deal they can for

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the largest number they can; but in our situation, and I believe in Tennessee and perhaps in some other states, North Carolina perhaps, there are people who definitely will know that they need to opt out of this deal or risk paying two, three times more than they would ordinarily to Medicare. So we represent -- and, now, the gentleman to my right is Bill Leader. He represents the folks from Tennessee, and he is in roughly the same boat, I believe, as we are. But one of the problems that we have had is that it has been extremely frustrating to Virginia lawyers that we cannot even open up claims with CMS, which is the traditional process. When you settle a case, you open a claim with CMS. They must open this claim under regulations, I think it's within 60 days. THE COURT: Is that a provision of the agreement, or is that something that CMS is imposing? MR. SEXTON: That's federal law, and it's something that CMS --THE COURT: It's federal law based on what? They're negotiating they won't pay private claims? MR. SEXTON: No. I'm saying federal law requires CMS to respond to a request to open a claim within 60 days. That's the standard course of events. And in this instance, many Virginia lawyers, in fact all of them, have run into situations where CMS says they will not open the claims, and they send letters to the lawyers in CMS saying, "We are in negotiation

with the Plaintiffs' Steering Committee. Direct your questions to Tom Sobol." So that's been very frustrating because that starting point, after you do that starting point, it takes 60 days to get a conditional payment letter, and a conditional payment letter is the magic thing you need from CMS.

MR. SEXTON: Okay, one of the things that you could do, we believe -- you're being asked to approve this settlement, correct? So as the person in charge of approving the settlement, it is our view that you could do several things: First off, the plaintiffs who want to opt out should be allowed to opt out now. In other words, as far as this bickering about what one document says and what another one says and whether they conflict, we literally have clients dying -- I had one die this weekend -- while this process is waiting. Many are elderly, and many, many need the money very desperately. We have clients --

THE COURT: I understand all that. I want to understand what I can do.

MR. SEXTON: Well, okay, one of the things that we can do is to allow us to opt out now. The way the agreement is written that is before you for approval, I cannot opt my clients out until CMS signs the agreement. I would like for an order to say that I can opt them out now. Now, to his credit, Mr. Sobol has just last week written a letter to CMS asking

them to please stop this hold that they have on opening our claims. That's a great first step, but, as we know, the government can do what the government wants to do. And so CMS is free to accept his suggestion that they should move forward or continue in their posture of not opening our claims, but this is a huge problem for people in Virginia and Tennessee and in other states. So that's one thing that we can do.

Another thing we can do is to set a deadline, as Mr. Sobol suggested, if there is going to be this endless process. And everyone knows, I think, that CMS has had this final agreement now for six plus weeks in final form. They're either going to sign it or they're not going to sign it, but it shouldn't take an act of Congress to decide whether they are or are not. And so a deadline would make --

THE COURT: If it would take an act of Congress, you would be here ten years from now.

MR. SEXTON: I know. But it seems reasonable to us, and we have proposed -- and I don't believe we get much pushback from the Plaintiffs' Steering Committee -- that a deadline of September 6 be imposed, at which point CMS will either have signed the agreement or they won't have signed the agreement. And if they're not going to sign the agreement, the deal is off, and everybody is in a situation of essentially opting out. So that is another thing that we have asked.

Now, one of the things that we would also like that is

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not within the agreement, and I'm sure Mr. Sobol can address
this, the practicality of it, is that for those of us who do
opt out, there is really no -- we would like very much to have
within the agreement a provision that specifies how quickly CMS
must respond, bearing in mind that we have been kept in a
holding pattern now for months and months and months where we
could not open claims. What's the benefit of opening a claim?
Had we been able to open a claim, we would have conditional
payment letters that would tell us the amount of the lien that
CMS is claiming.
         Now, for some of my colleagues, particularly
Mr. Leader and others in Tennessee, and I know some of my
colleagues in Virginia, they have clients for whom they don't
know the actual amount of the Medicare lien, and it's
impossible for them to actually calculate it because the
healthcare providers are refusing to provide that reimbursement
data to them, so they --
         THE COURT: When you say healthcare providers, you're
talking not about CMS but other --
         MR. SEXTON: Hospitals, hospitals and doctors.
         THE COURT: I'm sorry?
         MR. SEXTON: Hospitals would be the healthcare
provider. For example, some of my colleagues have asked
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hospitals to provide them with -- "Tell us what Medicare

reimbursed you for these hospital charges," and they have

refused, so that lawyer cannot get the lien information from a hospital --

THE COURT: I don't have authority to tell the hospitals. They're not the client.

MR. SEXTON: Exactly, I think you do. And then --

THE COURT: I do have that?

MR. SEXTON: I have not had that problem. I know
Mr. Leader has had that problem, and I think Mr. Fennell has
had that problem as well as others, but we were fortunate in
getting our information I guess early on while the cases were
still active and pending.

So my point is, these people have no data point by which they can judge the proposed deal. As the Plaintiffs' Steering Committee just said, the top percentage bracket for the proposed deal with CMS has claimants paying 21.5 percent of their gross recovery to CMS. Now, whether that's a good deal or not depends upon those claimants knowing what their real lien is in the first place: Is that a reduction or is that an increase? And so people do not have the information to make that call. And so one of the things that I have been asked to request from your Honor are terms by which once a client asks for it from CMS, if you would impose terms in the order that CMS would have to give a conditional payment letter within an expedited time frame. It is typically 60 days is the maximum, and we are requesting 20 days.

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              The next part of that process --
              THE COURT: What did you call this, a conditional --
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              MR. SEXTON: Conditional payment letter.
              THE COURT: And that is the letter that says how much
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     Medicare paid on behalf of that claimant?
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              MR. SEXTON: Correct. It's the first letter in the
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     process. Once that is received by any plaintiff's attorney
     anywhere in the United States, that plaintiff's attorney looks
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     at that document and sees if it contains extraneous charges
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     that are unrelated to the illness at issue. Assuming it is
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     correct, the plaintiff's lawyer then writes back to CMS and
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     says, "Give us a final demand letter." The final demand letter
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     is the one that we would then present to Ms. Riley, the
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     trustee, and say, "Here is what CMS is saying is the final
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     lien." That is an undetermined process as far as the amount of
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     time that takes between when you request it and when you get
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     it.
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              THE COURT: The first time is what under the statute
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     or regulation?
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              MR. SEXTON: Sixty days.
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              THE COURT: Is how much?
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              MR. SEXTON: Sixty days. That's my recollection, and
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     I'm sure --
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              THE COURT: And you want to shorten that?
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              MR. SEXTON: And I would like to shorten that to
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20 days. And, correspondingly, once we have a conditional payment letter, we would like to shorten the time for a final letter to be 20 days from the date one is requested. And as I understand the regulations, really the only thing that gets added after you have a conditional payment letter are any intervening medical charges related to that illness, so it's not nearly as complicated as getting the conditional payment letter. So those are terms that we would ask the Court to consider as conditions for the approval of the agreement.

And, finally, I guess we are looking at the reality of what happens if CMS picks up its balls and just goes home and says, "We don't want to do the deal, and we're not going to do the deal because, you know, these terms are too onerous," and how would you deal with that, and how would the tort trustee deal with that, and how could that possibly relate to the various documents that govern the behavior in this case?

Well, first off, if that occurs and if September 6 comes and goes and nobody has signed this final agreement, then we believe that the tort trustee should then just satisfy the reporting obligations that are attendant to her under the tort trust agreement, under the plan, and under most of the settlement agreements. What that is, your Honor, when a defendant settles a case that may have a CMS component, the defendant is called a "responsible reporting entity," and that defendant has to then give notice to CMS of the amount of the

settlement, the name of the claimant, the claimant's date of birth, things like that, identifying information, so that CMS would then have notice of the fact that there was a potential recovery there. In this instance, I'm almost one hundred percent sure that that has already occurred, but we would need for that box to be checked because otherwise our defendant —

THE COURT: Who would check it, CMS?

MR. SEXTON: The tort trustee. The tort trustee would just have to tell us, "I have met the reporting obligations."

And that is very significant because defendants have that obligation by law.

Then what we were suggesting and discussing among the various counsel is that, yes, it is a pain to have to deal with CMS on an individualized basis on all of these claims. It is our belief, and certainly among the people who have filed these motions, Mr. Leader and myself and Mr. Fennell particularly, that we are more than happy to take on that role of negotiating with CMS on these liens. And so we would ask then, within the context of the plan and what it requires, that the tort trustee simply deputize us as her agents for purposes of doing that, and then we go out and we negotiate these liens. In fact, she could even distribute money to plaintiffs' counsel. We do this every day. It happens in law firms across the country. We receive money on behalf of our clients. We hold it in trust. We wait till we have the proper paperwork. We present that

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paperwork to Ms. Riley as tort trustee, and then we tell her,
"Okay, here is the sign-off from CMS, and this is what we
propose to distribute, " and then we distribute. Perhaps that
would be something that would assist in this process because it
is not our goal to increase the cost to the tort trustee.
is our goal to simply serve the interest of our clients, who
are increasingly frustrated.
         THE COURT: Mr. Sexton, if the agreement fails, the
defendant only has to report what?
        MR. SEXTON: The defendant only has to report the
amount of the settlement and the beneficiary.
         THE COURT: I mean, by definition, we're now in the
contingency that the agreement fails.
        MR. SEXTON: Correct.
        THE COURT: I thought that's what you were referring
to.
        MR. SEXTON: Yes, I am.
         THE COURT: They have to report what at that point?
        MR. SEXTON: They have to report the amount of the
settlement, the settlement that the plaintiffs are going to
receive, not the settlement with CMS. I'm sorry, I think
that's where I confused you. If the agreement with CMS fails,
then one of the obligations of the tort trustee is to stand in
the shoes of the defendant and report the amount of the global
settlement, the amount of the individual settlement that the
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individual is going to get --
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              THE COURT: You mean the amount allocated to the
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     individual pursuant to the plan?
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              MR. SEXTON: Correct, correct.
              THE COURT: Okay.
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              MR. SEXTON: And that would go to CMS, and that's just
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     a -- that's just under regulations that require that. And it's
     discussed in the plan as, you know, the obligations of
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     responsible reporting entities, RREs under the terms of the
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     plan.
              THE COURT: So what you're suggesting is that the
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     global settlement be abandoned, that the tort trustee report
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     the amount of the fund and the amount allocable to each
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     claimant to the fund as of now, and that then counsel for the
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     individual plaintiffs in Virginia, et cetera, undertake a
     negotiation of another agreement, which may or may not go
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     through and that Justice may have to look at also?
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              MR. SEXTON: No. No, what I am suggesting is that
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     Justice doesn't have to look at what happens every day, day in
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     and day out, which is lawyers like me negotiating the actual
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     Medicare lien that applies to their client's recovery.
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              THE COURT: But you're talking about negotiating not
     as an individual plaintiff but to the entire group of
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     plaintiffs whom you represent?
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              MR. SEXTON: Correct, I'm talking about each of the
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     plaintiffs that I represent, each of the plaintiffs that
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     Mr. Leader --
              THE COURT: So a separate negotiation as to each?
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              MR. SEXTON: Yes.
                                 That's the way we do it. We have
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     to do it individually.
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              THE COURT: How can that possibly be less expensive
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     than what is being negotiated?
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              MR. SEXTON: Well, it is because some of our clients
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     are paying three times as much under the proposed deal.
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              MR. FENNELL: Your Honor, this is Patrick Fennell.
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     I'm also representing plaintiffs in Virginia. It would be less
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     expensive in the end because the tort trustee wouldn't have to
     expend her resources on it. It would be individual plaintiffs'
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     attorneys who are spending their time to negotiate individual
     liens with CMS, and we don't get paid for that other than what
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     our contingency fee arrangement is with our clients anyway.
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              MR. SEXTON: Your Honor, my point is -- and I don't
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     want to suggest that anyone here before you is saying that the
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     deal should be scrapped nationally. That was only a
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     contingency in the event that the deal is not signed by
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     September 6, and that deadline we are asking that you impose
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     because the plaintiffs throughout the country are waiting for a
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     resolution on this, and one is either going to happen or not
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     happen within that time period.
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              THE COURT: Let me ask this. Is it Burnette N or
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1 Burdette D? MS. BURDETTE: Burdette, it's Burdette with a D. 2 3 Thank you, your Honor. 4 THE COURT: What is your view about what you just 5 heard? MS. BURDETTE: Well, first of all, under the 7 settlement, defendant's settlement agreement with the Plaintiffs' Steering Committee and the other GHCs, the 8 reporting requirements are raised, but the trustee has no 9 10 obligation to have to report anything (Indiscernible) of the 11 settlement. 12 Secondly, you know, we have been proceeding as fast as we can approving this settlement. You know, I didn't even have 13 14 all the attachments to the tentative agreement until last 15 Friday. I just happened to see that -- you know, plaintiffs' counsel referred to Attachment F. I've never seen that before. 16 So, I mean, that's not a material term, I'm not claiming it is, 17 18 but the point is, you know, these motions have proceeded. 19 There are things that we have just learned that we are 20 concerned about and rightfully so. And contrary to what 21 Mr. Sobol has stated in absolute terms, the other agreement 22 with private lienholders is not a mirror image of this 23 agreement by any stretch. There are paragraphs that are copied 24 into that agreement, I agree, but there are also provisions

that conflict. I mean, our agreement or the agreement that you

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are asked to approve, it includes GHC, it includes private lienholders. They have obligations under this agreement that you're being asked to approve as well as CMS having obligations. This is not just a CMS claim. There have been negotiations with both parties, very long negotiations. And so how can our agreement bind these people if they have a separate agreement that says they're not bound by our agreement? I don't understand that. That's not -- I, frankly, legally don't understand that.

THE COURT: Well, I'm not privy to these agreements, and I have no intention of reading them, even if I were. However, it seems to me that given the stress on all parties in this case from this standstill, if you will, I wonder if it would not be possible to let me know by five o'clock next Tuesday that the matter has been finally resolved between the parties. We have another meeting in this case on Thursday. We would have Wednesday then to put it into final shape, and on Thursday it will be announced as being done. Plaintiffs, the individuals who want to opt out will start the opting-out process. CMS will then be able to deal with it, and the whole thing can be done.

My experience is that unless I set ridiculous deadlines, it doesn't get done, so I'm setting a ridiculous deadline.

MR. SOBOL: I agree.

MS. BURDETTE: Your Honor, respectfully, I cannot tell you that our discussions with plaintiffs' counsel will, you know, be resolved by Monday such that we are negotiating final terms to it on Tuesday, and then we have to send our -- you know, then we send up our memo on Tuesday to, you know, the authorities within the Justice Department who have to approve it. So I cannot tell you that this would be approved by next Thursday because I think that's probably optimistic.

THE COURT: Well, I'd be optimistic. See what you can do to get it done. I mean, you know, you can futz around forever and ever with language, and I think the emphasis here should be of just getting it done, getting an agreement that is reasonable to all people, that maybe there's a common agreement, that maybe --

MS. BURDETTE: Your Honor, I agree with you, and we thought we had that agreement. That's the problem, you know.

And it turns out, in terms of this other agreement, it doesn't appear we do have that. That's our only problem here.

THE COURT: Mr. Sobol and Mr. Notargiacomo, whoever is negotiating on behalf of the plaintiffs, you need to give a little too maybe. And I hope that you can get together Monday to do this and Tuesday, and that by Wednesday you will have the draft that you can tell me on Thursday is the draft and it's done. If not, then we may have to see what else to do in order to get it done or to abandon it.

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              MR. SOBOL: And we'll also have the lawyers sit
    privately and holders on the phone with CMS --
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              THE COURT: I'm sorry?
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              MR. SOBOL: We'll also have the lawyers for those
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    private lienholders, Blue Cross-Blue Shield of Tennessee and
    Michigan, so if there's any issues that they have are resolved.
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              THE COURT: That's a very good idea, and they need to
    give too in order to make it happen.
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              Ms. Burdette, I understand that this is difficult for
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     you. We called you away during your vacation. I hope you have
     a good vacation until Monday, and at that point I hope that the
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    matter can be addressed fully and successfully. And I look
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    forward --
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              MS. BURDETTE: Thank you, your Honor, and I hope that
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    too.
          Thank you.
              THE COURT: I look forward to hearing from you all on
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     Thursday. And, Ms. Burdette, you're more than welcome to
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    participate on Thursday by telephone as well.
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              MS. BURDETTE: Thank you, your Honor.
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              THE COURT: What else can we do today? Mr. Sobol?
              MR. SOBOL: Nothing, your Honor.
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              THE COURT: Mr. Sexton?
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              MR. SEXTON: Nothing, your Honor.
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              THE COURT:
                          Anybody else? Thank you all.
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              Oh, Lisa reminded me the hearing is on Wednesday, so
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we're here on Wednesday, wherever you are on Wednesday. Thank
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     you. Sorry about that.
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              I also wish to thank all counsel.
              MS. JOHNSON: Thank you, your Honor.
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              (Adjourned, 1:51 p.m.)
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     UNITED STATES DISTRICT COURT )
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     DISTRICT OF MASSACHUSETTS
                                   ) ss.
     CITY OF BOSTON
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              I, Lee A. Marzilli, Official Federal Court Reporter,
 8
     do hereby certify that the foregoing transcript, Pages 1
     through 34 inclusive, was recorded by me stenographically at
 9
     the time and place aforesaid in Civil Action No. 13-02419-RWZ,
10
11
     In Re: New England Compounding Pharmacy Class Litigation, and
     thereafter by me reduced to typewriting and is a true and
12
     accurate record of the proceedings.
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              Dated this 19th day of September, 2016.
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                   /s/ Lee A. Marzilli
20
                   LEE A. MARZILLI, CRR
                   OFFICIAL COURT REPORTER
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